ROAD SAFETY ASSESSMENT APPLICATION

1. Name, Position/Title, Address of Contact Person:

   _____   Phone Number: _____

   _____   Fax: _____

   _____   Email: _____

   _____

2. Type of assessment requested (planning, design, construction, existing): _____

3. Specific location of proposed RSA project (intersection, spot location, road segment or project, or new facility):
   Route(s): _____ Segment: _____ Project: _____
   From/To (if segment/project): _____ Segment Length: _____
   City/County/Tribe: _____

4. Describe any improvement plans, including stage (scoping, design, construction, etc.), for this location:

   _____

   _____

5. Reasons for requesting RSA:

   _____

   _____

   _____

6. What is the crash experience for the most recent 3-year period (total crashes, fatal crashes, injury crashes, crash rate, etc.)? (not applicable for new facility) _____

   _____

7. Does your agency have a method to identify and prioritize road safety issues? _____ If yes, where does this location rank within your agency's problem locations? _____

8. Average Daily Traffic (ADT) volume for road(s): _____

9. Please list month and/or days of week when safety issues are most prevalent, if applicable: _____

   _____

10. Describe any future development planned for this area:

    _____

    _____

11. Please include any additional road owners, photos and/or other information that highlight the location:

    _____

12. Signature (and printed name) of Person with Authority to Respond To/Implement the RSA Findings:

    _____ Date: _____

Submit Application to: Richard S. Weeks, PE, PTOE   Phone: 602-712-4382
                             Road Safety Assessment Program Manager   Fax: 602-712-3243
                             1615 West Jackson St., Mail Drop 065R   Email: rweeks@azdot.gov
                             Phoenix, AZ 85007-3217